

MULTIPLE LAYERED CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 691200729	FILING DATE
						APPLICANT'S	
CLAIMS							
AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51	
2	/					52	
3	/					53	
4	/					54	
5	/					55	
6	/					56	
7	/					57	
8	/					58	
9	/					59	
10	/					60	
11	/					61	
12	/					62	
13	/					63	
14	/					64	
15	/					65	
16	7					66	
17	2					67	
18	2					68	
19	2					69	
20	2					70	
21	2					71	
22	2					72	
23	2					73	
24	8					74	
25						75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
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37						87	
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39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	3					TOTAL IND.	
TOTAL DEP.	30					TOTAL DEP.	
TOTAL CLAIMS	33					TOTAL CLAIMS	

PTO-1350 (3-78)

•MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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